

WIC Employee Conflict of Interest Statement

I certify that I am an employee of the WIC Program and that I also:
(Please check all that apply)

- am a WIC Participant
- am a WIC Parent/Guardian
- am a WIC Caretaker
- Work for a WIC approved grocery store

Vendor Name: _____

- Own or have relatives that own a WIC approved grocery store or have relatives that work at a WIC approved grocery store.

Relationship: _____

Store Name: _____

- or None of the above.

Employee Signature

Date

A new form must be signed each fiscal year beginning, October 1st through September 30th. This form shall be maintained in a file and will be subject to review by the State Agency monitor.